Application or Docket Number

Effective October 1, 2001								10/072 462					
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
TOTAL CLAIMS (Column 1) (Column 2)								PE C		OR	SMALL		
TOTAL CLAIMS			17					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8/	SIC FE	370.00	OR	BASIC FÉE	740.00	
TOTAL CHARGEABLE CLAIMS			17 minus 20=		• 8			X\$ 9=		OR	X\$18=	1	
INDEPENDENT CLAIMS			3 minus 3 =		. D			X42=		OR	X84=	 	
M	ILTIPLE DEPE	NDENT CLAIM PI	RESENT					140=	 	1	+280=	 	
- {	the difference	a in column 1 is	ero, enter	er "O" in column 2			OTAL	 	OR	TOTAL	140		
CLAIMS AS AMENDED - PART (I								U IAL	<u> </u>	Jun			
(Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING		HOH	EST				ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO	OUSLY	PRESENT EXTRA	,	RATE	TIONAL FEE		RATE	TIONAL	
	Total	- 18	Minus	-2	0_	-	1,	(\$ 9=		OR	X\$18=		
	Independent	. 3	Minus	460	3	•	1	(42=		OR	X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=		OR	+280=		
								TOTAL	 -		TOTAL	<u> </u>	
2-7-05								XT. FEE	<u>·</u>	OR,	ADDIT, FEE	. ~	
_	<i>7 - 1</i>	(Column 1)		(Colum		(Column 3)	_		ويند المراجعة				
AMENDMENT B		REMAINING ' AFTER AMENDMENT		PREVIO	BER OUSLY	PRESENT EXTRA	R	LATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	. 3	Minus		0	•.	X	\$ 9=	PEE	OR	X\$18=	FEE	
	Independent	. 3	Minus	220	3	•	 	(42=		OR	X84=		
	PIROI PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM	CLAIM				Ţij			
								140=	·	OR	+280=		
								TOTAL IT. FEE		OR ,	TOTAL LODIT, FEE		
3-15-05 (Column 1) (Column 2) (Calumn 3)													
AMENDMENT C		CLAIMS REMAINING		FEGH!		PRESENT			ADDI-	ſ		ADDI-	
		AFTER AMENDMENT		PREVIO		EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	.3	Minus	•2	0	0	×	59-		OR	X\$18=	FEE	
	independent		Minus	£	ػ	•	 	42=		-			
	FIRST PRESE	NTATION OF MU	ETIPLE DEP	ENDENT	CLAIM		 			OR	X84=		
• H	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									OR	+280=		
"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." TOTAL OR TOTAL OR COUNTY Paid For IN THIS SPACE is less than 20, enter "3." ADDIT. FEE ORT.													
		her Province Paid								-			

FORM PTO-875 (Rec 801)